

ICE RECEIPT
COMPLAINT NUMBER WCI-2023-10120
*** * * ICRS CONFIDENTIAL * * ***

To: DREILING, ASHTON K. - #673642
UNIT: _N_B -- _B47_L
WAUPUN CORRECTIONAL INSTITUTION
PO Box 351
WAUPUN, WI 53963-0351

Complaint Information:

Date Complaint Acknowledged: 07/10/2023

Date Complaint Received: 07/05/2023

Subject of Complaint: 1 - Staff

Brief Summary: claims staff ignored self harm claim

This is to acknowledge the complaint you filed which was received on the date indicated. Depending on the nature of the complaint, you may or may not be interviewed by the ICE. A recommendation on the complaint will be made and submitted to the appropriate reviewing authority within 30 days of acknowledgement. A decision will be made by the appropriate reviewing authority within 15 days following receipt of the recommendation unless extended for cause.

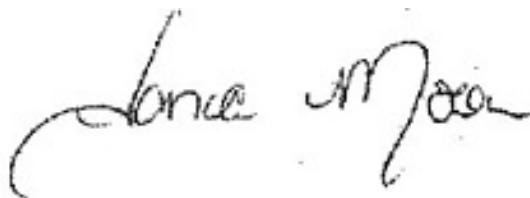
Please write to the ICE if this issue is resolved before you receive an answer.

ICE REPORT
COMPLAINT NUMBER WCI-2023-10120
*** * * ICRS CONFIDENTIAL * * ***

To: DREILING, ASHTON K. - #673642
112 N. 5th Ave
Wausau, WI 54401

Complaint Information:

Date Complaint Acknowledged:	07/10/2023	Inmate Contacted?	No
Date Complaint Received:	07/05/2023		
Subject of Complaint:	1 - Staff		
Document(s) Relied Upon:	DOC 310		
Brief Summary:	Inmate claims staff ignored self harm claim		
Summary of Facts:	Inmate claims that staff ignored his claims of self harm.		
At approximately 1:15pm on 6/24/23, inmate Dreiling had asked CO Prosper for supplies and she informed him she would get to them as soon as she could. When she went back up on range inmate Dreiling had lifted up his left arm and stated he was suicidal due to not getting supplies and had cut his wrist. CO Prosper then notified Sgt Reynolds and the lieutenant was notified. Inmate was then addressed by HSU and placed in observation.			
There is no evidence of staff ignoring his claims. As soon as staff were aware of his self harm he was addressed appropriately. Recommendation is for dismissal.			
ICE Recommendation:	Dismissed		
Recommendation Date:	08/22/2023		



T. Moon - Institution Complaint Examiner

**REVIEWING AUTHORITY'S DECISION
COMPLAINT NUMBER WCI-2023-10120
* * * ICRS CONFIDENTIAL * * ***

To: DREILING, ASHTON K. - #673642
112 N. 5th Ave
Wausau, WI 54401

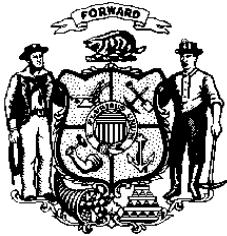
Complaint Information:

Date Complaint Acknowledged: 07/10/2023
Date Complaint Received: 07/05/2023
Subject of Complaint: 1 - Staff
Brief Summary: claims staff ignored self harm claim
ICE's Recommendation: Dismissed
Reviewer's Decision: Dismissed
Decision Date: 09/23/2023



R. Hepp - Warden

A complainant dissatisfied with a decision may, within 14 days after the date of the decision, appeal that decision by filing a written request for review with the Corrections Complaint Examiner on form DOC-405 (DOC 310.12, Wis. Adm. Code).



State of Wisconsin
Department of Corrections
GENERAL REPORT ON INMATE COMPLAINT

Complaint Information:

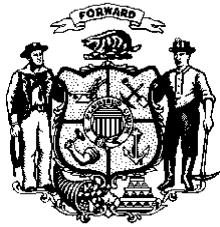
Date Complaint Acknowledged: July 10, 2023
Date Complaint Received: July 05, 2023
Subject of Complaint: 1 - Staff
Brief Summary: claims staff ignored self harm claim

ICE Recommendation Information: (Signed on 8/22/23 2:29:55PM):

Document(s) Relied Upon: DOC 310
ICE's Summary of Facts: TM Inmate claims that staff ignored he claims of self harm.
At approximately 1:15pm on 6/24/23, inmate Dreiling had asked CO Prosper for supplies and she informed him she would get to them as soon as she could. When she went back up on range inmate Dreiling had lifted up his left arm and stated he was suicidal due to not getting supplies and had cut his wrist. CO Prosper then notified Sgt Reynolds and the lieutenant was notified. Inmate was then addressed by HSU and placed in observation.
There is no evidence of staff ignoring his claims. As soon as staff were aware of is self harm he was addressed appropriately. Recommendation is for dismissal.
ICE's Recommendation: Dismissed
ICE's Recommendation Date: August 22, 2023

RA's Decision Information: (Signed on 9/23/23 5:24:18PM):

RA's Decision: Dismissed
RA's Decision Date: September 23, 2023



State of Wisconsin

Department of Corrections

DISTRIBUTION ITEMS

for COMPLAINT NUMBER WCI-2023-10120

Item	Create Date	Created By	Sent To	Inmate ID	Print Date	Printed By
ICE Receipt	07/10/2023 3:44:38PM	Tonia Moon	WCI	673642	07/12/2023 2:28:56PM	Brian Kolb
ICE Report	09/23/2023 5:24:18PM	Randall Hepp	WCI	673642	09/25/2023 1:04:41PM	Tonia Moon
RA Report	09/23/2023 5:24:18PM	Randall Hepp	WCI	673642	09/25/2023 1:04:41PM	Tonia Moon

INMATE COMPLAINT

OFFICE USE ONLY

DATE RECEIVED

JUL 05 2023

COMPLAINT CODE

01

COMPLAINT FILE NUMBER

JUL 2023 10120

INSTRUCTIONS FOR INMATE:

- Complete ALL sections of this form
- You MUST use a DOC-400B, if additional space is needed.
- Do not use a highlighter or marker on this form. Do not staple or tape this form.
- The form may be returned to you if you submit an incomplete form or if you do not follow the instructions.
- Print clearly, illegible forms will not be processed. See reverse side for more information.

INMATE NAME	DOC NUMBER	HOUSING UNIT	FACILITY
Dreiling Ashton	673642	North B-49	WCI
LOCATION OF INCIDENT	DATE OF INCIDENT	TIME OF INCIDENT	
North cell Hall B-49	6-24-23	2:00 PM	

ANSWER THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED:

Briefly state who or what is the ONE issue, of this complaint. What remedial action are you requesting?

Being Ignored when expressing urges of self harm
I would like staff to be reminded to respond to statements of
Suicidal or self urge appropriately and also the way they was treated
With whom did you attempt to resolve your ONE issue, and what was the result of this attempt, prior to submitting this complaint? Send any documentation you have, that supports your attempt to resolve your claims.

Sargent Reynolds Doc officer Prosper and also the
White shirt who did the doc's placement

What are the details surrounding this complaint?

on the above date and time I expressed urges of self harm
to the cell hall sargent who was sgt Reynolds I also
expressed these urges to the co prosper who was working
B-range that day Both Doc officers responded by saying you
will be okay and walked away a short time later I cut
and was properly placed in observation status

SIGNATURE OF INMATE



DATE SIGNED

6-29-23

DISTRIBUTION: Original – ICTS

INSTRUCTIONS

The department shall maintain an inmate complaint review system that shall be accessible to all inmates in institutions. Prior to filing a formal complaint, you must attempt to resolve the issue by following the designated process specific to the subject of the complaint. If you have not done so, the Institution Complaint Examiner (ICE) may direct you to do so.

Each complaint shall meet all of the following requirements:

- (a) Be submitted on a complaint form provided by the department.
- (b) Be legibly handwritten or typed.
- (c) Be filed only under the name by which the inmate was committed to the department or the legal name granted by a court.
- (d) Include the inmate's original signature.
- (e) Not exceed 500 words total and not exceed two pages.
- (f) Provide relevant supporting documentation, which may be accepted at the discretion of the ICE.

The ICE will acknowledge your complaint with an ICE Receipt, or return the complaint to you for correction or with further instructions, within 10 days of receiving your complaint submission. A complaint will not be processed and a referral for disciplinary action may occur in accordance with ch. DOC 303 if the complaint contains any of the following:

- (a) Obscene, profane, abusive, or threatening language unless such language is necessary to describe the factual basis of the complaint.
- (b) A foreign substance.

Each complaint may contain only one clearly identified issue.

A complaint must contain sufficient information for the department to investigate and decide the complaint.

An inmate may not file more than one complaint per calendar week except that any of the following are not subject to the filing restrictions contained in this paragraph:

- (a) Complaints regarding the inmate's health and personal safety.
- (b) Complaints made under PREA.

NOTE: The ICRS is governed by the rules in chapter DOC 310, Wisconsin Administrative Code. For more information on using the ICRS, please review this chapter.

DISTRIBUTION: Original – ICTS